

**STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF INSURANCE**

**AIR AMBULANCE FORM AND RATE FILING CHECKLIST**

<b>General Requirements</b>			
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>COMMENTS</b>	<b>FORM &amp; Page #'s</b>
Applicable Provisions	<a href="#">AS 21.61.106(a)</a>	Air Ambulance providers and agreements are subject to the following provisions: AS 21.36, AS 21.42	
Discretionary Language	<a href="#">AS 21.36</a> , <a href="#">AS 21.42.130</a> <a href="#">3 AAC 31.640(e)</a>	A contract may not assert exclusive or discretionary authority to interpret contractual provisions.	

<b>Membership Agreements</b>			
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>COMMENTS</b>	<b>FORM &amp; Page #'s</b>
Copy of Membership agreement	<a href="#">3 AAC 31.640(c)</a>	Including: <ul style="list-style-type: none"> <li>• Statement that agreement is an insurance contract</li> <li>• Effective date</li> <li>• Grace period of 30 days</li> <li>• 10 day free-look</li> <li>• Description of what constitutes acceptable major medical insurance coverage, if applicable</li> </ul>	
Medical Necessity	<a href="#">3 AAC 31.640(a)</a>	Determined by medical professional, if applicable. Defined in the membership agreement	
Health Status	<a href="#">3 AAC 31.640(d)</a>	Membership may not condition coverage on a person's health status	
Copy of sales and marketing materials	<a href="#">3 AAC 31.650</a>	Include a description of televised media and market. Social Media marketing must be filed.	
Eligibility criteria	<a href="#">3 AAC 31.640(c)(5)</a>	Provide a detailed description of any criteria used in determining who is eligible for a membership agreement	
Term of membership	<a href="#">AS 21.61.100(b)</a>	Limited to one year, may be renewed.	
Third Party services	<a href="#">AS 21.61.100(c)</a>	Membership may not contain a provision requiring provider to pay for services provided by a third party.	

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Proposed Fee information	<a href="#">3 AAC 31.610(b)(8)</a> <a href="#">3 AAC 31.640(f)</a>	Fee must be reasonable in relation to the benefits provided. This can be demonstrated by providing the following for the previous 2 calendar or fiscal years: <ul style="list-style-type: none"><li>• Number of subscriptions</li><li>• Number of flights</li><li>• Total billed charges (In-network vs Out of network)</li><li>• Total allowed charges (In-network vs. Out of network)</li><li>• Total paid amounts by insurance payer(s)</li><li>• Total dollar amount of charity care</li><li>• Total dollar amount of write-off due to membership</li></ul>	
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